



**USAID**  
FROM THE AMERICAN PEOPLE

# INITIAL ENVIRONMENTAL EXAMINATION

## PROJECT/ACTIVITY DATA

<b>Project/Activity Name:</b>	Health Assistance for Prisoners (HAP)
<b>Geographic Location(s)</b> (Country/Region):	Haiti/LAC
<b>Amendment</b> (Yes/No), if Yes indicate # (1, 2...):	No
<b>Implementation Start/End Date</b> (FY or M/D/Y):	FY 2018- FY 2023
<b>If Amended, specify New End Date:</b>	N/A
<b>Solicitation/Contract/Award Number:</b>	TBD
<b>Implementing Partner(s):</b>	Health Through Walls (HTW)
<b>Bureau Tracking ID:</b>	LAC-IEE-18-41
<b>Tracking ID of Related RCE/IEE</b> (if any):	NA
<b>Tracking ID of Other, Related Analyses:</b>	LAC-IEE-16-43

## ORGANIZATIONAL/ADMINISTRATIVE DATA

<b>Implementing Operating Unit(s):</b> (e.g. Mission or Bureau or Office)	USAID/Haiti
<b>Other Affected Operating Unit(s):</b>	
<b>Lead BEO Bureau:</b>	Latin America and Caribbean (LAC)
<b>Funding Account(s)</b> (if available):	
<b>Original Funding Amount:</b>	\$6M
<b>If Amended, specify funding amount:</b>	
<b>If Amended, specify new funding total:</b>	
<b>Prepared by:</b>	Andrea Vargas Guerra and Patrick Hall, The Cadmus Group, LLC (via GEMS II award)
<b>Date Prepared:</b>	7 June 2018

## ENVIRONMENTAL COMPLIANCE REVIEW DATA

<b>Analysis Type:</b>	<input checked="" type="checkbox"/> Environmental Examination	<input type="checkbox"/> Deferral
<b>Environmental Determination(s):</b>	<input checked="" type="checkbox"/> Categorical Exclusion(s) <input checked="" type="checkbox"/> Negative (w/ conditions)	<input type="checkbox"/> Positive <input type="checkbox"/> Deferred (per 22CFR216.3(a)(7)(iv))
<b>IEE Expiration Date</b> (if different from implementation end date):		
<b>Additional Analyses/Reporting Required:</b>		
<b>Climate Risks Identified (#):</b>	Low <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>	
<b>Climate Risks Addressed (#):</b>	Low <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>	

# THRESHOLD DETERMINATION AND SUMMARY OF FINDINGS

## PROJECT/ACTIVITY SUMMARY

The USAID/Haiti Health Assistance for Prisoners (HAP) project will provide HIV and related health care services within currently supported prison sites and expand into additional sites for the purpose of preventing, identifying, diagnosing, and treating HIV/AIDS and related opportunistic infections. HAP will provide essential health awareness and education on HIV/AIDS and tuberculosis (TB) prevention, care, and treatment to prisoners at the targeted sites, and mitigate the impact of these diseases in the broader population by reaching HIV-positive prisoners' family members with HIV and related services. HAP will also expand index case testing within supported sites. The three objective of the HAP project are:

1. Provide quality HIV prevention, testing, and treatment services for prisoners, including TB prevention and screening.
2. Provide HIV prevention, testing, and treatment services to HIV-positive prisoners' sexual partners, families, and within communities where large numbers of HIV-positive individuals are identified.
3. Improve the knowledge and skill level of prison healthcare personnel, security personnel, and prisoners in the prevention, diagnosis, and treatment of HIV, TB, and opportunistic infections.

## ENVIRONMENTAL DETERMINATIONS

Upon approval of this document, the determinations become affirmed, per Agency regulations (22CFR216).

Reproduced from Section 4 of the IEE, Table I summarizes the recommended determinations applicable to the specific activities that are expected to be implemented under HAP. Note that the Activity Categories defined in Table I are established for the purpose of facilitating environmental review and the Environmental Threshold Decision process; they reflect—but do not correspond one-to-one with—the three programming areas/objectives presented above.

**TABLE I: ENVIRONMENTAL DETERMINATIONS**

Projects/Activities	Categorical Exclusion Citation (if applicable)	Negative Determination	Positive Determination	Deferral <sup>1</sup>
All activities (illustrative and entailed) constituting <b>Activity Category 1</b> : Provision of HIV/AIDS and TB testing and treatment to prisoners and prisoners' partners and family members.		X (w/ conditions)		
All activities (illustrative and entailed) constituting <b>Activity Category 2</b> :	X 22 CFR§216.2(c)(2) (i),(iii),(v),(viii), (xiv)			

<sup>1</sup> Deferrals must be cleared through an Amendment to this IEE prior to implementation of any deferred activities. USAID/IPs may utilize the Environmental Screening Tool to assess impacts of deferred activities.

Behavior change interventions, educational programs, and communications related to HIV and TB prevention and treatment.				
All activities (illustrative and entailed) constituting <b>Activity Category 3:</b> Efforts to strengthen health care information transfer and referral systems.	X 22 CFR§216.2(c)(2) (i),(iii),(v),(viii), (xiv)			
All activities (illustrative and entailed) constituting <b>Activity Category 4:</b> Training and capacity building for prison personnel and health workers.		X (w/ conditions)		

## CLIMATE RISK MANAGEMENT

### SEE TABLE 5 (ANNEXED). PROJECT CLIMATE RISK MANAGEMENT SUMMARY TABLE

## BEO SPECIFIED CONDITIONS OF APPROVAL

None

## IN ACCORDANCE IMPLEMENTATION

In accordance with 22CFR216 and Agency policy, the conditions and requirements of this document become mandatory upon approval. This includes the relevant limitations, conditions and requirements in this document as stated in Sections 3, 4, and 5 of the IEE and any BEO Specified Conditions of Approval.

## USAID APPROVAL OF INITIAL ENVIRONMENTAL EXAMINATION

PROJECT/ACTIVITY NAME: USAID/Haiti Health Assistance for Prisoners (HAP) 2018-2023


Bureau Tracking ID: \_\_\_\_\_

Approval:

  
Jene C. Thomas, Mission Director

6/20/16  
Date

Clearance:

  
Stephane Morisseau, Activity Manager

06/14/18  
Date

Clearance:

  
Alyssa Leggoe, Health Office Chief

6/14/18  
Date

Clearance:

  
Abdel Abellard, Mission Environmental Officer

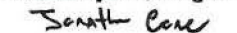
06/15/18  
Date

Clearance:

  
Chris Ryder, Regional Legal Officer

6/17/18  
Date

Clearance:

  
e-mail  
Robert Clausen, Regional Environmental Advisor

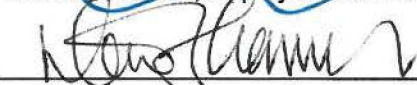
June 14, 2018  
Date

Clearance:

  
Christian Barratt, Deputy Mission Director

  
Date

Concurrence:

  
Diana Shannon, LAC Bureau Environmental Officer

July 3, 2018  
Date

# INITIAL ENVIRONMENTAL EXAMINATION

**PROJECT/ACTIVITY NAME:** USAID/Haiti Health Assistance for Prisoners (HAP) Project 2018-2023

**Bureau Tracking ID:** LAC-IEE-18-41

## CONTENTS

<b>THRESHOLD DETERMINATION AND SUMMARY OF FINDINGS .....</b>	<b>2</b>
PROJECT/ACTIVITY SUMMARY .....	2
<b>ENVIRONMENTAL DETERMINATIONS.....</b>	<b>2</b>
CLIMATE RISK MANAGEMENT .....	3
BEO SPECIFIED CONDITIONS OF APPROVAL .....	3
IMPLEMENTATION .....	3
<b>USAID APPROVAL OF INITIAL ENVIRONMENTAL EXAMINATION.....</b>	<b>4</b>
<b>1.0 ACTIVITY DESCRIPTION .....</b>	<b>3</b>
1.1 PURPOSE AND SCOPE OF IEE .....	3
1.2 ACTIVITY OVERVIEW .....	3
1.3 ACTIVITY DESCRIPTION .....	4
<b>2.0 BASELINE ENVIRONMENTAL INFORMATION.....</b>	<b>6</b>
2.1 LOCATIONS AFFECTED AND ENVIRONMENTAL CONTEXT .....	6
2.2 APPLICABLE AND APPROPRIATE PARTNER COUNTRY AND OTHER INTERNATIONAL STANDARDS (E.G. WHO), ENVIRONMENTAL AND SOCIAL LAWS, POLICIES, AND REGULATIONS .....	7
<b>3.0 ANALYSIS OF POTENTIAL ENVIRONMENTAL RISK.....</b>	<b>9</b>
<b>4.0 ENVIRONMENTAL DETERMINATIONS AND CONDITIONS/MITIGATION MEASURES.....</b>	<b>14</b>
4.1 RECOMMENDED ENVIRONMENTAL DETERMINATIONS .....	14
4.2 CLIMATE RISK MANAGEMENT .....	17
<b>5.0 STANDARD CONDITIONS.....</b>	<b>18</b>
5.1 STANDARD CONDITIONS .....	18
5.2 AGENCY CONDITIONS .....	19
<b>6.0 LIMITATIONS OF THIS INITIAL ENVIRONMENTAL EXAMINATION .....</b>	<b>21</b>
<b>7.0 REVISIONS.....</b>	<b>22</b>

<b>ATTACHMENTS:</b> .....	<b>23</b>
---------------------------	-----------

## I.0 ACTIVITY DESCRIPTION<sup>2</sup>

### I.1 PURPOSE AND SCOPE OF IEE

The purpose of this document, in accordance with Title 22, Code of Federal Regulations, Part 216 (22CFR216), is to provide a preliminary review of the reasonably foreseeable effects on the environment of the USAID intervention described herein and recommend determinations and, as appropriate, conditions, for these activities. Upon approval, these determinations become affirmed, per 22CFR216 and specified conditions become mandatory obligations of implementation. This IEE also documents the results of the project/activity level Climate Risk Management process in accordance with USAID policy (specifically, ADS 201mal).

This IEE is a critical element of USAID's mandatory environmental review and compliance process meant to achieve environmentally sound activity design and implementation. Potential environmental impacts should be addressed through formal environmental mitigation and monitoring plans (EMMPs) and/or Environmental Assessments (EAs), if needed.

### I.2 ACTIVITY OVERVIEW

The purpose of the Health Assistance for Prisoners (HAP) 2018-2023 project is to expand HIV/AIDS prevention and treatment services in Haitian prisons and within targeted communities through index case testing and outpatient/mobile health services. Overcrowding, inadequate health services and unsanitary conditions in prisons throughout Haiti create natural breeding grounds for infectious diseases, which disproportionately affect prisoners. Adding to this, the overall lack of judges, lawyers and lax administrative systems result in prisoners spending extended periods of time incarcerated, often without having been officially tried and sentenced. Many people enter these prisons without diseases, but can become infected with illnesses, including HIV and tuberculosis (TB), due to the lack of prevention services, timely diagnosis, care and treatment, and overall poor infection control. The transmission of disease within prisons, and the failure to adequately manage them, creates a risk not only for the prisoners, but also prison personnel, visitors, and ultimately, the communities in which they live and the family members to whom they return after release.

Through the HAP project, USAID will maintain key health services in five supported prisons, including:

- National Penitentiary, also known as Prison Civile de Port-au-Prince
- Prison Civile de Cabaret
- Prison Civile de Hinche
- Prison Civile du Cap Haitian
- Prison Civile Les Cayes

USAID also seeks to expand HIV and related health services to at least six additional prisons and satellite prison sites, including, but not limited to:

- Prison Civile de Jacmel
- Prison Civile de Mirebalais

---

<sup>2</sup> Information in this section is primarily derived from the HAP Program Description.

- Prison Civile de Saint-Marc
- Prison Civile de Port-de-Paix
- Prison Civile de Croix des Bouquets
- Prison Civile de Fort Liberte II

USAID will also continue to support Klinik Solidarite to provide outpatient services for released HIV-positive and TB/HIV co-infected prisoners and their family members and sexual partners. USAID will support mobile clinics to expand index case testing and provide prevention, care and treatment services as appropriate.

### I.3 ACTIVITY DESCRIPTION

HAP will provide HIV and related health care services within currently supported prison sites and expand into additional sites for the purpose of preventing, identifying, diagnosing, and treating HIV/AIDS and related opportunistic infections. HAP will provide essential health awareness and education on HIV/AIDS and TB prevention, care, and treatment to prisoners at the targeted sites, and mitigate the impact of these diseases in the broader population by reaching HIV-positive prisoners' family members with HIV and related services. The project will also expand index case testing within supported sites. HAP has three main objectives:

1. Provide quality HIV prevention, testing, and treatment services for prisoners, including TB prevention and screening.
2. Provide HIV prevention, testing, and treatment services to HIV-positive prisoners' sexual partners, families, and within communities where large numbers of HIV-positive individuals are identified.
3. Improve the knowledge and skill level of prison healthcare personnel, security personnel, and prisoners in the prevention, diagnosis, and treatment of HIV, TB, and opportunistic infections.

Numerous activities and interventions will be undertaken to achieve these objectives. While the three objectives described here and the discrete activities they encompass are helpful in characterizing how HAP will be implemented, they are not necessarily the most conducive to the environmental review and analysis required in this IEE. For purposes of environmental review and compliance, this IEE therefore organizes activities/interventions constituting the HAP project into four Activity Categories (i.e., *not* by project objective).

Each Activity Category is comprised of illustrative and entailed activities, which are based on careful review of project documentation/description. In addition to streamlining environmental review, this approach provides HAP a degree of flexibility to evolve and adapt its efforts—up to and including specifying new objectives—and remain compliant with the IEE, as long as project interventions are consistent with the “illustrative and entailed activities” enumerated below.

Table 2 defines the four Activity Categories established for purposes of environmental review of the HAP project, and the illustrative and entailed activities that will be undertaken in each, as based on review of the Program Description document.



**TABLE 2: HAP ACTIVITY CATEGORIES AND ILLUSTRATIVE/ENTAILED ACTIVITIES ESTABLISHED FOR THE PURPOSE OF ENVIRONMENTAL REVIEW**

<b>Activity Category 1: Provision of HIV/AIDS and TB testing and treatment to prisoners and prisoners' partners and family members.</b>
1.1—Provide prisoners with comprehensive health examinations, including HIV/AIDS testing and TB screening.
1.2—Provide prisoners with HIV/AIDS counseling, testing, and related activities.
1.3—Provide prisoners with integrated package of ARV treatment and palliative care.
1.4—Implementation of a comprehensive infection control plan, and related activities.
1.5—Connect prisoner's contacts to free health care exam (including voluntary HIV counseling and testing services), and treatment if needed.
1.6—HIV/AIDS and TB testing in communities identified through index case testing and other means.
<b>Activity Category 2: Behavior change interventions, educational programs, and communications related to HIV and TB prevention and treatment.</b>
2.1—Peer education programs established within the prisons to address knowledge, attitudes, and practices underlying transmission of HIV and TB.
2.2—Dissemination of prevention messaging in communities identified through index case testing and other means.
2.3—Monitoring adherence to treatment services and outcomes, for all prisoners, released prisoners, and prisoners' family and contacts who receive treatment through the program.
<b>Activity Category 3: Efforts to strengthen health care information transfer and referral systems.</b>
3.1—Creation of medical files for each prisoner, converted into electronic format, and integrated within the <i>Ministère de la Santé Publique et de la Population</i> (MSPP) national health information system (SISNU).
3.2—Audit previous years testing and screening for both HIV and TB, and ensure close follow-up for abnormal X-rays.
3.3—Establishing a HAP Discharge Planner who will work with released prisoners to ensure referral to appropriate medical services within their community.
3.4—Link and refer partners and family members to other services as appropriate.
<b>Activity Category 4: Training and capacity building for prison personnel and health workers.</b>
4.1—Train prison personal on policies and procedures pertaining to health care delivery and personnel safety within the prison.
4.2—Provide in-service and/or refresher training to health workers in HIV and TB prevention (including IPT) and treatment according to national protocols.
4.3—Train lab personnel in HIV rapid testing, GeneXpert, viral load testing, and other lab procedures as needed.

## 2.0 BASELINE ENVIRONMENTAL INFORMATION

### 2.1 LOCATIONS AFFECTED AND ENVIRONMENTAL CONTEXT

#### **Health System and HIV**

Haiti, a low-income country situated in the Caribbean, has a long history of struggle with HIV. The Caribbean has the second highest rate of HIV prevalence in the world, second to Africa, with the highest rates within the region found in Haiti.<sup>3</sup> According to the Haiti Demographic and Health Survey (DHS) conducted in 2017, the prevalence rate of HIV in adults aged 15-49 is 2 percent.<sup>4</sup> Concurrently, Haiti also has the highest incidence of TB in the Western Hemisphere, which in turn exacerbates the burden of HIV/AIDS on the population.<sup>5</sup> The poor state of the health care system in the country inhibits the country's ability to address the burden of disease, as well as the country's overall development. Unfortunately, Haiti's health system was further weakened by the 2010 earthquake, a cholera outbreak that erupted a few months later, and Hurricane Matthew in 2016.<sup>6</sup> The key health sector challenges, as identified by USAID, include: a weak health system in which about 40 percent of the population does not have access to essential health and nutrition services; a weak funding environment in which government spending for health is low and reliance on international funding is high; the lack of human resources which is partly due to the low retention rate of qualified health professionals; and poor health infrastructure characterized by a lack of adequate health centers, storage facilities, and poor access to electricity, clean water, and sanitation systems<sup>7</sup>.

#### **Haitian Prison System and HIV**

The prison population is disproportionally affected by HIV in Haiti, with a prevalence rate of 4.3 percent amongst this subset of the population.<sup>8</sup> Prisoners in Haiti suffer in overcrowded conditions and feel the consequences of the lack of adequate preventive and clinical services. These conditions leave these individuals more susceptible to TB and other opportunistic infections associated with HIV than is the general population.<sup>9</sup> The prison system in Haiti leads the list of the world's most overcrowded prison systems, with its capacity stretched to 454.4 percent.<sup>10</sup> One of the causes of this overcrowding is prolonged pre-trial detention, about 74 percent of male inmates, and 82 percent of women inmates, were imprisoned without a trial. The international standards for the recommended amount of space per inmate is 4.5 square meters: in Haiti, that space is often limited to 0.5 square meters. This limited

---

<sup>3</sup> PEPFAR. 2017. "PEPFAR Haiti Country Operational Plan 2017 (COP 2017) Strategic Direction Summary." <https://www.pepfar.gov/documents/organization/272014.pdf>

<sup>4</sup> Haiti DHS 2017 Available in September 2018

<sup>5</sup> PEPFAR. 2017.

<sup>6</sup> USAID Health Fact Sheet Haiti. 2017.

[https://www.usaid.gov/sites/default/files/documents/1862/FINAL\\_Health\\_March\\_2017.pdf](https://www.usaid.gov/sites/default/files/documents/1862/FINAL_Health_March_2017.pdf)

<sup>7</sup> USAID Health Fact sheet: Haiti.

<sup>8</sup> UNAIDS Country Profile: Haiti.

<sup>9</sup> HAP Program Description

<sup>10</sup> McCarthy, Niall. 2018. "The World's Most Overcrowded Prison Systems."

<https://www.forbes.com/sites/niallmccarthy/2018/01/26/the-worlds-most-overcrowded-prison-systems-infographic/#3e5130ba1372>

amount of space leads to severe human rights violations, including poor living conditions and high rates of disease and malnutrition.<sup>11</sup>

## 2.2 APPLICABLE AND APPROPRIATE PARTNER COUNTRY AND OTHER INTERNATIONAL STANDARDS (E.G. WHO), ENVIRONMENTAL AND SOCIAL LAWS, POLICIES, AND REGULATIONS

### **Medical Waste Management (MWM) in Haiti**

Prior to September 2017, there were no laws governing waste disposal in Haiti. Haiti has since passed law no. 29 in which the government established the creation of the “*Service National de Gestion des Résidus Solides*” (SNGRS).<sup>12</sup> This recent law established that this new entity would be tasked with the management of solid, medical, and toxic wastes, and would be responsible for all the collection, sorting, recycling, and transport of these wastes. The new entity will be under the administrative supervision of the Ministry of Environment. As of June 2018, SNGRS was not yet functional, and a transition is still reportedly underway as the old “*Service métropolitain de collecte des résidus solides*” (SMCRS) evolves into the SNGRS. The goal, as outlined in published text of the law, was that starting in April 2018, SNGRS would begin to be implemented on a regional and municipal level.<sup>13</sup>

Additionally, some other relevant national medical waste regulation can be found in the 2014 “*Politique pharmaceutique nationale*.”<sup>14</sup> The World Health Organization (WHO) guidelines for health care waste management are pertinent to program implementation in Haiti as well. The *Safe Management of Wastes from Health-Care Activities-Second Edition*<sup>15</sup> is regarded as the international standard for MWM practices.

Also, project sites that are funded by the U.S. Government-wide President's Emergency Plan for AIDS Relief (PEPFAR) program are subject to specific screening criteria and a regular monitoring process—the Site Improvement Monitoring System (SIMS). All sites receiving PEPFAR support are expected to demonstrate the following:

- Capacity to separate infectious waste from common waste (with proper labelling/color coding and storage);
- Guidance or job aides posted (on walls) describing types of waste and segregation process;
- Waste stored securely outside facility; and
- Written procedures for infectious waste management and disposal (e.g., written manual).

A SIMS assessment is conducted at each site receiving PEPFAR support to ensure adequate performance and compliance with the PEPFAR standard: “Each facility implements procedures for collection, storage and disposal of infectious waste to prevent exposures to workers, patients and the public. Procedures

---

<sup>11</sup> UN Peacekeeping. 2018. “Prisons Overcrowding: MINUJUSTH support Correctional Facilities’ Improvement in Haiti <https://peacekeeping.un.org/en/prisons-overcrowding-minujsth-supports-correctional-facilities-improvement-haiti>

<sup>12</sup> Loi 29. “Portant création, organisation et fonctionnement du service national de gestion des résidus solides (SNGRS). 2017. <http://extwprlegs1.fao.org/docs/pdf/Hai172031.pdf>

<sup>13</sup> Armel, Junior. 2018. “Valorisation des déchets dans une perspective d’économie circulaire.” <https://lenouvelliste.com/article/182015/valorisation-des-dechets-dans-une-perspective-deconomie-circulaire>

<sup>14</sup> République d’Haiti. 2014. “Politique Pharmaceutique Nationale.” <http://apps.who.int/medicinedocs/documents/s22004fr/s22004fr.pdf>

<sup>15</sup> WHO. 2014. *Safe Management of Wastes from Health-Care Activities*. [http://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564\\_eng.pdf;jsessionid=FEED170DE192F4EDCCDA199A561689AB?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf;jsessionid=FEED170DE192F4EDCCDA199A561689AB?sequence=1)

include segregation of infectious waste, posted waste disposal guidance, and secure storage of infectious waste outside the facility.”

## 3.0 ANALYSIS OF POTENTIAL ENVIRONMENTAL RISK

### ACTIVITY CATEGORY 1:

#### PROVISION OF HIV/AIDS AND TB TESTING AND TREATMENT TO PRISONERS AND PRISONERS' PARTNERS AND FAMILY MEMBERS.

Illustrative and entailed activities include:

- I.1 Provide prisoners with comprehensive health examinations, including HIV/AIDS testing and TB screening.
- I.2 Provide prisoners with HIV/AIDS counseling, testing, and related activities.
- I.3 Provide prisoners with integrated package of ARV treatment and palliative care.
- I.4 Implementation of a comprehensive infection control plan, and related activities.
- I.5 Connect prisoner's contacts to free health care exam (including voluntary HIV counseling and testing services), and treatment if needed.
- I.6 HIV/AIDS and TB testing in communities identified through index case testing and other means.

#### *Adverse Impacts of Health Care Service Delivery Due to Failure to Properly Manage Resulting Wastes*

This section is a general discussion and analysis of waste-related impacts of health care activities. Although health care activities provide many important benefits to communities, they can also unintentionally do harm via poor management of the wastes they generate. These wastes generally fall into three categories, in terms of public health risk and recommended methods of disposal:

- *General* health care waste, similar or identical to domestic waste, including materials such as packaging or unwanted paper. This waste is generally harmless and needs no special handling: 75-90 percent of waste generated by health care facilities falls into this category, and paper waste can be incinerated or taken to the landfill without additional treatment.
- *Hazardous* health care wastes, including infectious waste (except sharps and waste from patients with highly infectious diseases), small quantities of chemicals and pharmaceuticals, and non-recyclable pressurized containers. All blood and body fluids are potentially infectious.
- *Highly hazardous* health care wastes, which should be given special attention, includes sharps (especially hypodermic needles), highly infectious non-sharp waste such as highly infectious physiological fluids, pathological and anatomical waste, stools from cholera patients, and sputum and blood of patients with highly infectious diseases such as TB and HIV. They also include large quantities of expired or unwanted pharmaceuticals and hazardous chemicals, as well as radioactive or genotoxic wastes.

Within these three categories of health-related wastes are additional waste designations, including pharmaceutical and potentially infectious wastes.

**Pharmaceutical Wastes and Medical Supplies, including condoms:** Pharmaceutical drugs including vaccines have specific storage time and temperature requirements, and may expire or lose efficacy before they are used, particularly in remote areas where demand is low and/or infrequent.

Pharmaceutical waste may also accumulate due to inadequacies in stock management and distribution and/or lack of a routine system of disposal.

The effects of pharmaceutical waste in the environment are different from conventional pollutants. Drugs are designed to interact within the body at low concentrations to elicit specific biological effects in humans, and which may also cause biological responses in other organisms. There are many drug classes of concern, including antibiotics, antimicrobials, antidepressants, and estrogenic steroids. Their main pathway into the environment is through household use and excretion, and through the disposal of unused or expired pharmaceuticals.

Effects on aquatic life are a major concern in disposal of pharmaceuticals. A wide range of pharmaceuticals has been discovered in fresh waters globally, and even in small quantities some of these compounds have the potential to cause harm to aquatic life.

Additional health risks related to disposal include burning pharmaceuticals and plastic medical supplies (including new or used condoms) at low temperatures or in open containers which results in the release of toxic pollutants into the air. Inefficient and insecure sorting and disposal may allow drugs beyond their expiry date to be diverted for resale to the general public.

**Potentially infectious wastes:** Improper training, handling, storage and disposal of the waste generated in health care facilities or activities can spread disease through several mechanisms. Transmission of disease through infectious waste is the greatest and most immediate threat from healthcare waste. If waste is not treated in a way that destroys the pathogenic organisms, dangerous quantities of microscopic disease-causing agents—viruses, bacteria, parasites or fungi—will be present in the waste.

These agents can enter the body through punctures and other breaks in the skin, mucous membranes in the mouth, by being inhaled into the lungs, being swallowed, or being transmitted by a vector organism. Those who come in direct contact with the waste are at greatest risk. Examples include healthcare workers, cleaning staff, patients, visitors, waste collectors, disposal site staff, waste pickers, substance abusers and those who knowingly or unknowingly use “recycled” contaminated syringes and needles. Although sharps pose an inherent physical hazard of cuts and punctures, the much greater threat comes from sharps that are also infectious waste. Healthcare workers, waste handlers, waste-pickers, substance abusers and others who handle sharps have become infected with HIV and/or hepatitis B and C viruses through pricks or reuse of syringes/needles.

Contamination of water supply from untreated healthcare waste can also have devastating effects. If infectious stools or bodily fluids are not treated before being disposed of, they can create and extend epidemics. The absence of proper sterilization procedures is believed to have increased the severity and size of cholera epidemics in Africa during the last decade.

Health care activities or interventions can have direct or indirect impacts on waste management:

- **Where USAID support for the healthcare service delivery is direct,** USAID bears full responsibility for adverse impacts when its support fails to address waste management or to consider the capacity of medical facilities to properly handle, label, treat, store, transport and properly dispose of medical waste.

- **Where USAID support is indirect, USAID funds capacity-building for the entities that manage delivery of care** (e.g. the GOH, NGOs, CSOs, etc.) USAID generally has far less control over service delivery. Reduced control means that USAID's responsibility for adverse impacts is shared or attenuated, but not eliminated.

### *Potential Adverse Environmental Impacts of Supply Procurement and Distribution Activities*

There are potentially adverse environmental impacts of activities associated with the procurement and distribution of pharmaceuticals, nutritional supplements, and medical devices. Many procured commodities inevitably end up as waste (e.g. condoms, laboratory chemicals, test kits), generate waste as a consequence of their use (e.g., injectable pharmaceuticals), or have the potential to end up as waste due to spoilage or expiration (i.e., all pharmaceuticals). Improper disposal of potentially infectious and pharmaceutical wastes has potentially significant adverse impacts.

The extent of USAID control of the in-country supply chain and use of these commodities ranges from complete to partial, depending on the programming context. To the greatest extent practicable, USAID must work to assure appropriate management of commodity waste streams from acquisition to disposal. Where the USAID implementing partner(s) IPs identify deficiencies in its procedures and capabilities, it shall notify USAID and provide recommended action steps for Agency consideration.

### **ACTIVITY CATEGORY 2: BEHAVIOR CHANGE INTERVENTIONS, EDUCATIONAL PROGRAMS, AND COMMUNICATIONS RELATED TO HIV AND TB PREVENTION AND TREATMENT.**

Illustrative and entailed activities include:

- 2.1 Peer education programs established within the prisons to address knowledge, attitudes, and practices underlying transmission of HIV and TB.
- 2.2 Dissemination of prevention messaging in communities identified through index case testing and other means.
- 2.3 Monitoring adherence to treatment services and outcomes, for all prisoners, released prisoners, and prisoners' family and contacts who receive treatment through the program.

The illustrative and entailed activities constituting Activity Category 2 do not require bio-physical intervention and do not present risk of adverse environmental impacts, direct or indirect.

### **ACTIVITY CATEGORY 3: EFFORTS TO STRENGTHEN HEALTH CARE INFORMATION TRANSFER AND REFERRAL SYSTEMS.**

Illustrative and entailed activities include:

- 3.1 Creation of medical files for each prisoner, converted into electronic format, and integrated within the *Ministère de la Santé Publique et de la Population* (MSPP) national health information system (SISNU).

- 3.2 Audit previous years' testing and screening for both HIV and TB, and ensuring close follow-up for abnormal X-rays.
- 3.3 Establishing a HAP Discharge Planner who will work with released prisoners to ensure referral to appropriate medical services within their community.
- 3.4 Link and refer partners and family members to other services, as appropriate.

The illustrative and entailed activities constituting Activity Category 3 do not require bio-physical intervention and do not present risk of adverse environmental impacts, direct or indirect.

#### **ACTIVITY CATEGORY 4: TRAINING AND CAPACITY BUILDING FOR PRISON PERSONNEL AND HEALTH WORKERS.**

Illustrative and entailed activities include:

- 4.1 Train prison personnel on policies and procedures pertaining to health care delivery and personnel safety within the prison.
- 4.2 Provide in-service and/or refresher training to health workers in HIV and TB prevention (including IPT) and treatment according to national protocols.
- 4.3 Train lab personnel in HIV rapid testing, GeneXpert, viral load testing, and other lab procedures as needed.

*Potential Adverse Environmental Impacts of illustrative and entailed Training and Technical Assistance Activities constituting Activity Category 4.*

**Training (including supportive supervision)** is one of a class of activities under 22 CFR 216 eligible for categorical exclusion. However, training of health care providers is intended to improve and expand the delivery of and/or access to health care services. The delivery of these services presents a set of potentially significant adverse environmental and health impacts, particularly waste- and bio-safety related. Further, the purpose of the training activities and the development of training curricula are to influence the actions of healthcare providers/service delivery agents. Appropriate management of health care waste depends heavily on individual actions of these agents (e.g., is there consistent separation of sharps and "red bag" waste?). Training therefore must, as appropriate in the context of the scope of the training, address proper handling, use and disposal of health care waste, including proper disposal of blood, sputum, and sharps. For example, training administrative staff on case management may not be appropriate for waste disposal training, but training nurses on delivery of vaccinations would be appropriate to discuss how to dispose of used needles and vaccine packaging.

Training in TB care requires special consideration because TB is highly infectious and can result in significant hazardous healthcare wastes, including sharps (especially hypodermic needles), highly infectious non-sharp waste such as laboratory supplies, highly infectious physiological fluids, pathological and anatomical waste, stools from cholera patients, and sputum and blood of patients with highly infectious diseases. TB care can also include large quantities of expired or unwanted pharmaceuticals and hazardous chemicals, as well as all radioactive or genotoxic wastes.



While USAID does not have control over the actions of health care providers/service delivery agents/managers post-training, it can assure that the curricula, training and leadership programs fully and appropriately integrate sound management of health care waste.

While most training activities are subject to conditions because they may result in hazardous wastes (i.e., from the collection and/or analysis of blood or body fluid samples), training in family planning is an exception; while not entirely free from risk, family planning training activities are not expected to adversely impact the environment and is therefore eligible for Categorical Exclusion under 22 CFR §216.2(c)2.

## 4.0 ENVIRONMENTAL DETERMINATIONS AND CONDITIONS/MITIGATION MEASURES

### 4.1 RECOMMENDED ENVIRONMENTAL DETERMINATIONS

Based on the analysis presented in Section 3.0, this IEE recommends threshold decisions and conditions for implementation of USAID/Haiti HAP project activities.

#### **Categorical Exclusions**

A Categorical Exclusion is recommended for those activities that present very little to no risk of adverse environmental impact, direct or indirect. These activities, or classes of activities, fall under the following citations from 22 CFR §216.2(c)2:

- i. Activities involving education, training, technical assistance or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);
- iii. Activities involving analyses, studies, academic or research workshops and meetings;
- v. Activities involving document and information transfers;
- viii. Programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.);
- xiv. Studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.).

For specific intervention areas, **Categorical Exclusions** are recommended, per the above, for all illustrative and entailed HAP activities constituting Activity Category 2 and Activity Category 3.

#### **Negative Determination with Conditions**

A Negative Determination with Conditions is recommended, pursuant to 22 CFR216.3(a)(2)(iii), for all illustrative and entailed HAP activities constituting Activity Category 1 and Activity Category 4 that have potential for adverse environmental impacts.

The following table summarizes the recommended determinations based on the environmental analysis conducted. Upon approval, these determinations become affirmed, per 22CFR216.

**TABLE 4: ENVIRONMENTAL DETERMINATIONS**

<b>Projects/Activities</b>	<b>Categorical Exclusion Citation (if applicable)</b>	<b>Negative Determination</b>	<b>Positive Determination</b>	<b>Deferral</b>
All activities (illustrative and entailed) constituting <b>Activity Category 1:</b> Provision of HIV/AIDS and TB testing and treatment to prisoners and prisoners' partners and family members.		X (w/ conditions)		
All activities (illustrative and entailed) constituting <b>Activity Category 2:</b> Behavior change interventions, educational programs, and communications related to HIV and TB prevention and treatment.	X 22 CFR§216.2(c)(2) (i),(iii),(v),(viii), (xiv)			
All activities (illustrative and entailed) constituting <b>Activity Category 3:</b> Efforts to strengthen health care information transfer and referral systems.	X 22 CFR§216.2(c)(2) (i),(iii),(v),(viii), (xiv)			
All activities (illustrative and entailed) constituting <b>Activity Category 4:</b> Training and capacity building for prison personnel and health workers.		X (w/ conditions)		

Conditions include:

An EMMP shall be prepared by the HAP implementing partner(s) (IPs) for the listed activities, or future activities, that receive a Negative Determination with Conditions Threshold Determination. The EMMP shall be approved by the COR/AOR, MEO, and REA prior to any implementation. The USAID/Haiti Health Team will work with its IPs on development of the EMMPs to ensure that they propose appropriate mitigation actions associated with the recommended Negative Determination with Conditions.

The EMMP will incorporate key guidance and mitigation measures found in USAID Guidelines (e.g., Sector Environmental Guidelines at <http://www.usaidgems.org/bestPractice.htm>) and appropriate Government of Haiti guidelines on Health and Medical Waste. Guidelines are as follows:

### **I. Safe Management of Wastes from Health-Care**

**Activities** [http://www.searo.who.int/srilanka/documents/safe\\_management\\_of\\_wastes\\_from\\_healthcare\\_activities.pdf?ua=1](http://www.searo.who.int/srilanka/documents/safe_management_of_wastes_from_healthcare_activities.pdf?ua=1)

**2. Guide to Health Care Waste Management for the Community Health Worker** <http://apps.who.int/medicinedocs/documents/s21550en/s21550en.pdf>

**3. Health Care Waste Management Guidance**

**Note** <https://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/Johannssen-HealthCare-whole.pdf>

**4. Améliorer la Sante Maternelle et Infantile a Travers la Livraison de Services Sociaux Intègres, Ministère de la Sante Publique et de la Population/Cadre de Gestion Environnementale et Sociale (CGES)** <https://mspp.gouv.ht/site/downloads/CGES.pdf>

## 4.2 CLIMATE RISK MANAGEMENT (SEE TABLE 5 ANNEXED)

## 5.0 STANDARD CONDITIONS

### 5.1 STANDARD CONDITIONS

In addition to the specific conditions outlines in section 4 above, the environmental determinations in this IEE are contingent upon full implementation of the following general implementation and monitoring requirements, as well as ADS 204 and other relevant requirements.

#### 5.1.1 During Pre-Award:

- 5.1.1.1 Pre-Award Briefings: As feasible, the design team and/or the cognizant environmental officer(s) (e.g., MEO, REA, BEO) will provide a pre-award briefing for potential offerors on environmental compliance expectations/responsibilities at bidders' conferences.
- 5.1.1.2 Solicitations: The design team, in coordination with the A/CO, will ensure solicitations include environmental compliance requirements and evaluation criteria. A/CO will ensure technical and cost proposal requirements include approach, staffing, and budget sufficient for complying with the terms of this IEE.
- 5.1.1.3 Awards: The A/COR, in coordination with the A/CO, will ensure all awards and sub-awards, include environmental compliance requirements.

#### 5.1.2 During Post-Award:

- 5.1.2.1 Post-Award Briefings: The A/COR and/or the cognizant environmental officer(s) (e.g., MEO, REA, BEO) will provide post-award briefings for the IP on environmental compliance responsibilities.
- 5.1.2.3 Workplans and Budgeting: The A/COR will ensure the IP integrates environmental compliance requirements in work plans and budgets to comply with requirements, including EMMP implementation and monitoring.
- 5.1.2.4 Staffing: The A/COR, in coordination with the IP, will ensure all awards have staffing capacity to implement environmental compliance requirements.
- 5.1.2.5 Records Management: The A/COR will maintain environmental compliance documents in the official project/activity file and upload records to the designated USAID environmental compliance database system.
- 5.1.2.6 Host Country Environmental Compliance: The A/COR will ensure the IP complies with applicable and appropriate host country environmental requirements unless otherwise directed in writing by USAID. However, in the case of a conflict between the host country and USAID requirements, the more stringent shall govern.
- 5.1.2.7 Work Plan Review: The A/COR will ensure the IP verifies, at least annually or when activities are added or modified, that activities remain within the scope of the IEE.

Activities outside of the scope of the IEE cannot be implemented until the IEE is amended.

- 5.1.2.8 IEE Amendment: If new activities are introduced or other changes to the scope of this IEE occur, an IEE Amendment will be required.
- 5.1.2.14 USAID Monitoring Oversight: The A/COR or designee, with the support of the cognizant environmental officer(s) (e.g., MEO, REA, BEO), will ensure monitoring of compliance with established requirements (e.g., by desktop reviews, site visits, etc.).
- 5.1.2.16 Environmental Compliance Mitigation and Monitoring Plan: The A/COR will ensure the IP develops, obtains approval for, and implements Environmental Mitigation and Monitoring Plans (EMMPs) that are responsive to the stipulated environmental compliance requirements.
- 5.1.2.17 Environmental Compliance Reporting: The A/COR will ensure the IP includes environmental compliance in regular project/activity reports, using indicators as appropriate; develops and submits the Environmental Mitigation and Monitoring Reports (EMMRs); and completes and submits a Record of Compliance (RoC) describing their implementation of EMMP requirements in conjunction with the final EMMR or at the close of sub activities (as applicable). And where required by Bureaus or Missions, ensure the IP prepares a closeout plan consistent with contract documentation for A/COR review and approval that outlines responsibilities for end-of-project operation, the transition of other operational responsibilities, and final EMMR with lessons learned.
- 5.1.2.18 Corrective Action: When noncompliance or unforeseen impacts are identified, IPs notify the A/COR, place a hold on activities, take corrective action, and report on the effectiveness of corrective actions. The A/COR initiates the corrective action process and ensures the IP completes and documents their activities. Where required by Bureaus or Missions, ensure Record of Compliance is completed.

## 5.2 AGENCY CONDITIONS

- 5.2.1 Sub-contract Screening: The A/COR will ensure the IP uses an Environmental Screening Tool to screen any sub-grant applications and to aid in the development of EMMPs.
- 5.2.2 Programmatic IEEs (PIEE): PIEEs stipulate requirements for additional environmental examination of new or country specific projects/activities. The A/COR of any project/activity being implemented under a PIEE will ensure appropriate reviews are conducted, typically through a Supplemental IEE, and approved by the cognizant BEO.
- 5.2.3 Supplemental IEEs (SIEEs): An SIEE will be prepared for any new project/activity being planned which falls under a PIEE. The SIEE will provide more thorough analysis of the planned activities, additional geographic context and baseline conditions as well as specific mitigation and monitoring requirements.

- 5.2.4 Other Supplemental Analyses: The A/COR will ensure supplemental environmental analyses that are called for in the IEE are completed and documented.
- 5.2.5 Resolution of Deferrals: If a deferral of the environmental threshold determination was issued, the A/COR will ensure that the appropriate 22CFR216 environmental analysis and documentation is completed and approved by the BEO before the subject activities are implemented.
- 5.2.6 Positive Determination: If a Positive Determination threshold determination was made, the A/COR will ensure a Scoping Statement, and if required an Environmental Assessment (EA), is completed and approved by the BEO before the subject activities are implemented.
- 5.2.7 Compliance with human subject research requirements: The AM, A/COR shall assure that the IP and sub-awardees, -grantees, and -contractors demonstrate completion of all requirements for ethics review and adequate medical monitoring of human subjects who participate in research trials carried out through this IEE and ensure appropriate records are maintained. All documentation demonstrating completion of required review and approval of human subject trials must be in place prior to initiating any trials and cover the period of performance of the trial as described in the research protocol.



## 6.0 LIMITATIONS OF THIS INITIAL ENVIRONMENTAL EXAMINATION

The determinations recommended in this document apply only to projects/activities and sub-activities described herein. Other projects/activities that may arise must be documented in either a separate IEE, an IEE amendment if the activities are within the same project/activity, or other type of environmental compliance document and shall be subject to an environmental analysis within the appropriate documents listed above.

Other than projects/activities determined to have a Positive Threshold Determination, it is confirmed that the projects/activities described herein do not involve actions normally having a significant effect on the environment, including those described in 22CFR216.2(d).

In addition, other than projects/activities determined to have a Positive Threshold Determination and/or a pesticide management plan (PERSUAP), it is confirmed that the projects/activities described herein do not involve any actions listed below. Any of the following actions would require additional environmental analyses and environmental determinations:

- Support project preparation, project feasibility studies, or engineering design for activities listed in §216.2(d)(1);
- Affect endangered and threatened species or their critical habitats per §216.5, FAA 118, FAA 119;
- Provide support to extractive industries (e.g. mining and quarrying) per FAA 117;
- Promote timber harvesting per FAA 117 and 118;
- Lead to new construction, reconstruction, rehabilitation, or renovation work per §216.2(b)(1);
- Support agro-processing or industrial enterprises per §216.1(b)(4);
- Provide support for regulatory permitting per §216.1(b)(2);
- Lead to privatization of industrial facilities or infrastructure with heavily polluted property per §216.1(b)(4);
- Procure or use genetically engineered organisms per §216.1(b)(1); and/or
- Assist the procurement (including payment in kind, donations, guarantees of credit) or use (including handling, transport, fuel for transport, storage, mixing, loading, application, clean-up of spray equipment, and disposal) of pesticides or activities involving procurement, transport, use, storage, or disposal of toxic materials. Pesticides cover all insecticides, fungicides, rodenticides, etc. covered under the Federal Insecticide, Fungicide, and Rodenticide Act per §216.2(e) and §216.3(b).

## 7.0 REVISIONS

Per 22CFR216.3(a)(9), when ongoing programs are revised to incorporate a change in scope or nature, a determination will be made as to whether such change may have an environmental impact not previously assessed. If so, this IEE will be amended to cover the changes. Per ADS 204, it is the responsibility of the USAID A/COR to keep the MEO/REA and BEO informed of any new information or changes in the activity that might require revision of this environmental analysis and environmental determination.

## ATTACHMENT:

**TABLE 5. PROJECT CLIMATE RISK MANAGEMENT SUMMARY TABLE**

### CLIMATE RISK MANAGEMENT

The purpose of this climate risk management (CRM) screening is to identify climate-related risks to USAID/Haiti's Health Assistance for Prisoners activity, to help ensure activity tasks are more resilient to both current and future climate variability and change. This screening is part of implementing the Mandatory Reference for ADS Chapter 201: Climate Risks Management for USAID Projects and Activities.<sup>16</sup>

USAID/Haiti conducted project-level CRM screenings for, among others, the Health Services Delivery and Build Back Safer projects, and activity-level CRM screenings for the Water, Sanitation, and Hygiene project. This health sector CRM screening draws upon the findings of those screenings.

This CRM screening was completed through a desktop review. This included reviewing:

1. The Health Assistance for Prisoners Program Description (2018 – 2023)
2. The USAID/Haiti Water, Sanitation, and Hygiene Project IEE (LAC-IEE-17-28)
3. The USAID/Haiti Build Back Safer IEE (LAC-IEE-18-02)
4. The USAID/Haiti Health Services Delivery to the Haitian Population IEE (LAC-IEE-17-36)
5. USAID Climate Risk Profile – Haiti (2017)<sup>17</sup>; and
6. The USAID Climate Risk Management Toolkit<sup>18</sup>.

The CRM screening summary table (Table 5) was completed utilizing the above resources. The matrix outlines specific climate risks to activity design and implementation, how risks are addressed at the activity level, and next steps for activity implementation.

**TABLE 5. PROJECT CLIMATE RISK MANAGEMENT SUMMARY TABLE**

---

<sup>16</sup> Mandatory Reference for ADS Chapter 201: Climate Risks Management for USAID Projects and Activities

[https://www.usaid.gov/sites/default/files/documents/1868/201mal\\_042817.pdf](https://www.usaid.gov/sites/default/files/documents/1868/201mal_042817.pdf)

<sup>17</sup> "Climate Risk Profile Haiti." USAID, 2017. Accessed June 12, 2018 from: [https://www.climatelinks.org/sites/default/files/asset/document/2017\\_Cadmus\\_Climate-Risk-Profile\\_Haiti.pdf](https://www.climatelinks.org/sites/default/files/asset/document/2017_Cadmus_Climate-Risk-Profile_Haiti.pdf)

<sup>18</sup> "Climate Risk Screening & Management Tools." USAID. January, 2017. Accessed June 12, 2018 from: <https://www.climatelinks.org/resources/climate-risk-screening-management-tool>

Defined or Anticipated Tasks or Interventions	Time-frame	Geography	Climate Risks	Risk Rating	How Risks are Addressed at Activity Level	7: Next Steps for Activity Implementation	8: Accepted Climate Risks*
Activity Category I: Provision of HIV/AIDS and TB Testing and Treatment to Prisoners and Prisoners' Partners and Family Members	0-10 years	Coastal cities (e.g., Port au Prince, Les Vayes, Cap Haitian, Jacmel, Port-de-Paix, Saint-Marc, Fort Liberte); Cities in lowland mountainous areas (e.g., Hinche, Mirebalais)	Increased temperatures and short-term increases in climate variability such as stronger storm intensity may lead to shifts in disease burdens (e.g., increases in vector- or waterborne illness).	Moderate	<p>All staff have been made aware of possible increases in disease burden emanating from changing climate conditions, and the threat it poses to target populations of the HIV/AIDS and TB services under the activity (e.g., increased exposure and vulnerability to cholera, dengue, etc.).</p> <p>Additionally, such risks are assessed at least semi-annually and addressed in consideration of prevailing conditions as well as climate forecasts, including forecasts for the coming rainy season. HAP will work closely with USAID and other partners to respond to any outbreaks that may jeopardize the lives of the prisoners. The Activity will seek authorization from USAID before responding to disease outbreaks other than HIV/AIDS and TB</p>	Climate risk management actions are reflected in the activity EMMP.	Risk Addressed
			Increased temperatures and increased climate variability such as stronger storm intensity may lead to increases in floods and/or heavy winds, risking damage to prisons targeted by programming, water supply infrastructure, or	Moderate	<p>All staff have been made aware of possible risks to prison infrastructure (e.g., water systems, electricity) and infrastructure, informing access to health care services emanating from changing climate conditions.</p> <p>Specifically, such risks are assessed</p>		Risk Addressed

			otherwise adversely affect access to health care services. Particularly in southern and western coastal cities.		at least semi-annually and addressed in consideration of prevailing conditions as well as climate forecasts, including forecasts for the coming rainy season.  Additionally, implementation will seek to account for potential for temporary loss of electricity or disruption of access to target populations in managing and providing health care services, to minimize harmful effects of such disruptions.		
Activity Category 2: Behavior Change Interventions, Education Programs, and Communications Related to HIV and TB Prevention and Treatment	0-10 years	Coastal cities (e.g., Port au Prince, Les Vayes, Cap Haitian, Jacmel, Port-de-Paix, Saint-Marc, Fort Liberte); Higher elevation, inland cities (e.g., Hinche, Mirebalais)	Increased temperatures and short-term increases in climate variability such as stronger storm intensity may lead to shifts in disease burdens (e.g., increases in vector- or waterborne illnesses).	Low	Not Applicable	Climate risk management actions are reflected in the Activity EMMP.	Not Applicable
			Increased temperatures and increased climate variability such as stronger storm intensity may lead to increases in floods and/or heavy winds, risking damage to prisons targeted by programming (e.g., water quality or power, water supply infrastructure), or otherwise adversely affect ability to disseminate information, particularly in southern and western	Moderate	All staff have been made aware of possible risks to prison and civic infrastructure (e.g., water systems, electricity, roads) emanating from changing climate conditions.  Specifically, such risks are assessed and addressed in consideration of prevailing conditions as well as climate forecasts, including forecasts for the coming rainy season.  Additionally, implementation seeks to integrate communication and		Risk Addressed

			coastal cities.		monitoring systems that will be resilient to temporary loss of electricity, inability to access program areas, or damage to prison infrastructure due to major weather events (e.g., tropical storm, hurricane, flooding).		
Activity Category 3: Efforts to Strengthen Health Care Information Transfer and Referral Systems	0-10 years	Coastal cities (e.g., Port au Prince, Les Vayes, Cap Haitian, Jacmel, Port-de-Paix, Saint-Marc, Fort Liberte); Cities in lowland mountainous areas (e.g., Hinche, Mirebalais)	Increased temperatures and short-term increases in climate variability such as stronger storm intensity may lead to shifts in disease burdens (e.g., increases in vector- or waterborne illnesses).	Low	Not Applicable	Climate risk management actions are reflected in the Activity EMMP.	Not Applicable
			Increased temperatures and increased climate variability such as stronger storm intensity may lead to increases in floods and/or heavy winds, risking damage to prisons targeted by programming (e.g., water quality or power, water supply infrastructure), or otherwise adversely affect ability to disseminate information, particularly in southern and western coastal cities.	Moderate	<p>All staff have been made aware of possible risks to prison and civic infrastructure (e.g., water systems, electricity, roads) emanating from changing climate conditions.</p> <p>Specifically, such risks are assessed and addressed in consideration of prevailing conditions, as well as climate forecasts, including forecasts for the coming rainy season.</p> <p>Additionally, implementation seeks to integrate communication systems that will be resilient to temporary loss of electricity, inability to access program areas, or damage to prison infrastructure due to major weather events (e.g., tropical storm, hurricane, flooding)—this will include translated materials available</p>		Risk Addressed

					electronically and in hard-copy; visual guides to assist those that may not be literate, etc.		
Activity Category 4: Training and Capacity Building for Prison Personnel and Health Workers	0-10 years	Coastal cities (e.g., Port au Prince, Les Vayes, Cap Haitian, Jacmel, Port- de-Paix, Saint-Marc, Fort Liberte); Cities in lowland mountainous areas (e.g., Hinche, Mirebalais)	Increased temperatures and short-term increases in climate variability such as stronger storm intensity may lead to shifts in disease burdens (e.g., increases in vector- or waterborne illnesses).	Low	Not Applicable	Climate risk management actions are reflected in the Activity EMMP.	Not Applicable
			Increased temperatures and increased climate variability such as stronger storm intensity may lead to increases in floods and/or heavy winds, risking damage to prisons targeted by programming (e.g., water quality or power, water supply infrastructure), or otherwise adversely affect ability to disseminate information, particularly in southern and western coastal cities	Moderate	<p>All staff have been made aware of possible risks to prison and civic infrastructure (e.g., water systems, electricity, roads) emanating from changing climate conditions.</p> <p>Specifically, such risks are assessed and addressed in consideration of prevailing conditions, as well as climate forecasts, including forecasts for the coming rainy season.</p> <p>Additionally, implementation seeks to integrate communication systems that will be resilient to temporary loss of electricity, inability to access program areas, or damage to prison infrastructure due to major weather events (e.g., tropical storm, hurricane, flooding)—this will include translated materials available electronically and in hard-copy; visual guides to assist those that</p>		Risk Addressed

					may not be literate, etc.		
--	--	--	--	--	---------------------------	--	--